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Statement submitted by Fundacja Instytut na rzecz Kultury Prawnej Ordo Iuris, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

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Statement

Woman as a Mother

Meeting the needs of woman as a mother in the socio-economical dimension cannot be done without taking into account her aspirations in this very important role that is raising and caring for a child. Shaping support programs for women in terms of social protection policy (institutional care for children and programs for women's vocational activation) should take into account the need and roles of women as a whole. This means that programs related to reconciliation of family, private and professional life cannot give a leading role to any of these dimensions of women's life.

These comments based on the analysis carried out by the Ordo Iuris Institute in the field of child care for children up to 3 years old in Poland and in the world, published this year (2018). The general conclusions that result from the analysis are as follows:

1. Child care is often perceived as a form of professional inactivity, although its value is measurable, and the benefits of its implementation are shared by whole society. Legal systems treat child care as work only on the condition that it is carried out in a formal way, usually in nurseries.

2. In those countries, where public opinion research on the evaluation of the various family policy models of care for children under 3 years old was conducted, there are strongly dominated assessments that there is a need to ensure pluralism of various form of child care, including home care.

Perceiving care for a child as inactivity leads to discrimination against women as mothers. As the research carried out in 2002 in 19 European countries shows women who have young children in preschool age in majority prefer a part-time employment or full dedication to care and educational duties (European Commission, New skills and jobs in Europe, France 2012, p. 19–20). In addition, along with ignoring the needs of women as mothers, there is also a neglect of the contribution of women's homework to Gross Domestic Product. For example, according to the calculations of the money.pl (financial portal) from 2016 the contribution of women's work at home (cleaning, cooking, etc.) to Polish Gross Domestic Product was 25 billion zloty a month, that is 300 billion zloty a year. (https://www.money.pl/gospodarka/raporty/artykul/strajk-kobiet-koszty-pracy-kobiet-w-polsce,74,0,2165578.html).

On another point, empirical research carried out in Poland, the Czech Republic and Hungary indicate that the public authorities should respect and protect the autonomous decisions of family, including mothers and needs of families in the area of child care. In Poland, as many as 60,95 per cent of respondents said that parents should have an influence on what form of care public money will be allocated to. In Hungary, vast majority of parents are in favour of the care performed directly by parents and 56 per cent parents are using the help of grandparents in child care. In the Czech Republic 38 per cent of respondents admitted that they count on the public child care and at the same time 58 per cent of respondents stated that the child in the preschool age should be looked after mainly by family members. Model based on the one-side funding on nurseries does not, in principle, find support of respondents.

For this purpose, it is recommended to adopt a model of subsidiary child care, which is based on respecting family decision. In practice, it means to leave family decision what form of care should be supported by the public authorities. Legislation under the subsidiary model leaves a significant margin of discretion in the creation of

childcare institutions and provides a wide range of their forms. This model can take three forms: (a) tax reliefs related to child care in the field of income taxes, (b) child care voucher (c) long parental leave.

Women Free of Violence

Social surveys (e.g. Kenney, C.T., McLanahan, S.S. Why Are Cohabiting Relationships More Violent than Marriages?, "Demography" No 43 (2006); Kline, G. and others, Timing Is Everything: Pre-Engagement Cohabitation and Increased Risk for Poor Marital Outcomes, "Journal of Family Psychology", No 2 (2004)) confirm that the strong family bonds gives each of its members an effective protection against violence. It ensures an effective protection against the occurrence of negative phenomena which tend to be less frequent in the family founded on marriage than in other types of human relationships, including cohabitation. There is no doubt that the family founded on marriage between one man and one woman is the best setting to foster human development, and to protect women and children alike. Statistically, women in extramarital relations are more vulnerable to intimate partner violence. This fact is confirmed by the studies of the United States Department of Justice conducted in years 1993–2010, which show that through this period unmarried women experienced violence from their partner more often than married women. In 2010, violence from partner occurred four times more often in the United States in the case of unmarried women than in the case of married women (U.S. Department of Justice: S. Catalano, Intimate Partner Violence, 1993–2010, U.S. Department of Justice, 2012 (revised 2015), p. 2). Moreover, also other studies lead to similar conclusions (Fagan, P., Johnson, K., Rector, R., Marriage: Still the Safest Place for Women and Children, The Heritage Foundation, 2004).

Woman and Her Health

Contemporary, well-documented studies and research conducted by scientists prove that abortion, contrary to popular beliefs, does not save women's health, but has long lasting negative medical effects and even leads to death.

Well-documented medical studies indicate long-term medical risks to women after abortion, including, among others: mental health problems, higher risk of breast cancer, surgical complications and pre-term births. For instance, study published in the Medical Science Monitor summarizing results of a research conducted in Denmark on 463 473 women (Reardon, D.C., Coleman, P.K. Short- and long-term mortality rates associated with first pregnancy outcome: Population register based study for Denmark 1980–2004) shows short and long-term negative influences of abortion to a woman's health and life. As for early abortion, the risk of maternal death increased 80 per cent in the first year following the procedure. 10 years later the risk was still 40 per cent higher than risk for women who delivered their baby. At the same time, the authors asserted that pregnancy may induce health benefits for women. Delivering the first baby (instead of killing it by means of abortion) decreases the risk of cancer in the breasts, ovaries and uterus. An article in The British Journal of Psychiatry in 2011 synthesized 22 researches carried out from 1995 to 2009 and concluded that there was an 81 per cent higher risk of a serious mental problem in women who had an abortion compared to women who delivered (Coleman, P.K. Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009, Br J Psychiatry. 2011).

On another point, an analysis of the interrelation between law allowing for abortion and the efficiency of maternal health protection clearly shows a positive

correlation between the intensity of protection of human life in the prenatal phase and the protection of maternal health. For instance, in Chile (WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015), the maternal mortality ratio significantly decreased since the introduction of laws limiting access to abortion - within 14 years since abortion was banned in Chile in 1989, the maternal death ratio decreased by 69,2 per cent. In Poland, when access to abortion was reduced, the maternal mortality ratio decreased from 15 in 1993 to 3 in 2015 (WHO and others: Trends in Maternal Mortality: 1990 to 2015). In contrast, countries providing wide access to so called "safe abortion", regardless of their wealth and resources to provide for better protection of mothers, witness a higher maternal mortality ratio than Poland (United States 14/100,000, France 8/100,000, Germany 6/100,000).

Conclusions

Well-being of women could be only achieved through family policies that respect their needs and desires and also affirm autonomous position of family and parents in shaping their private and professional lives. Economic and social pressures should be alleviated through implementing family policies that will give motherhood the right position in society, strengthen family and protect health of mothers and future mothers from resorting to abortion in difficult situations.

Statement

Women, and especially marginalized women, continue to be sterilized without their consent around the world. Forced sterilization violates numerous human rights and implicates States' obligations to act with due diligence to prevent, protect, and remedy acts of gender-based violence. This practice inflicts terrible trauma on women in many countries, including Canada, where Indigenous women continue to be forcibly sterilized in a discriminatory manner in public hospitals. Canada, like other States, has yet to implement reforms that could redress these harms and protect future generations of women and girls.

When women fear using public health services, are discriminated against in public hospitals, or experience human rights violations at the hands of public doctors, their access to necessary healthcare is limited and their health, including sexual and reproductive health, suffers. In addition to causing individual trauma, this violation perpetuates gender inequality. States' human rights obligations are clear; agreeing on steps for fulfilling these obligations can help guide States to action.

Forced sterilization of marginalized women is a global human rights problem requiring State action.

In the words of the United Nations Special Rapporteur on torture, "Targeting ethnic and racial minorities, women from marginalized communities and women with disabilities for involuntary sterilization because of discriminatory notions that they are 'unfit' to bear children is an increasingly global problem. Forced sterilization is an act of violence, a form of social control, and a violation of the right to be free from torture and other cruel, inhuman, or degrading treatment or punishment." Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, UN Doc. A/HRC/22/53, 1 February 2013, para. 48.

Human rights bodies and other stakeholders have recognized, for at least two decades, that sterilization performed without a person's full, free, and informed consent violates various human rights. See, e.g., I/A Court H.R., I.V. v. Bolivia, Judgment of 30 November 2016; World Health Organization et al., Eliminating Forced, Coercive and Otherwise Involuntary Sterilization: An Interagency Statement (2014); ECtHR, V.C. v. Slovakia, Judgment of 8 November 2011, para. 108; Committee on the Elimination of Discrimination against Women, General Recommendation No. 24: Article 12 of the Convention (Women and Health), para. 20. When carried out in a public hospital, this violation is directly attributable to the State. See, e.g., I.V. v. Bolivia, Judgment of 30 November 2016, para. 203.

Additionally, States' general obligations to respect, protect, and fulfil human rights mandate that governments take steps to ensure women's reproductive and sexual health and rights more broadly. See, e.g., General Recommendation No. 24: Article 12 of the Convention (Women and Health). States are responsible for regulating and monitoring private healthcare providers and, for ensuring accountability and redress for human rights violations committed in the healthcare context. See, e.g., Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, United Nations Doc. A/HRC/22/53, at paras. 24–25.

Relatedly, international law has increasingly mandated that States act with due diligence to prevent acts of sexual or gender-based violence (including forced sterilization), to protect victims by appropriately responding to these acts of violence, and to provide victims with an adequate remedy. See, e.g., Committee on the Elimination of Discrimination Against Women, General Recommendation No. 35: Gender-based violence against women, updating general recommendation No. 19,

United Nations Doc. CEDAW/C/GC/35, 18 July 2017, para. 2; Integration of the Human Rights of Women and the Gender Perspective: Violence against Women, Report of the Special Rapporteur on violence against women, its cases and consequences, Ms. Radhika Coomaraswamy, United Nations Doc. E/CN.4/1999/68, 10 March 1999, para. 6. A State becomes internationally responsible for rights violations by private actors, including instances of forced sterilization, when it fails to meet the due diligence standard.

Moreover, when a person is subjected to forced sterilization because of her race or ethnicity, or denied equal protection or access to a remedy, her rights to equality, non-discrimination, and equal protection are also implicated. See, e.g., Committee on the Elimination of Racial Discrimination, Concluding observations on the combined eleventh and twelfth periodic reports of Slovakia, United Nations Doc. CERD/C/SVK /CO/11-12, 12 January 2018, para. 23.

In this regard, in its 2013 Agreed Conclusions, the Commission on the Status of Women called on governments to "[c]ondemn and take action to prevent violence against women and girls in health-care settings, including...forced medical procedures, or those conducted without informed consent, and which may be irreversible, such as ... forced sterilization." The 2013 Agreed Conclusions went on to highlight the necessity of such action "especially for particularly vulnerable and disadvantaged women and girls, such as ... indigenous and Afro-descendent women and girls." Subsequent agreed conclusions have also emphasized the necessity of State action to ensure "universal access to sexual and reproductive health-care services" and related information "free of coercion, discrimination and violence." See, e.g., Commission on the Status of Women, CSW62 Agreed Conclusions (2018), para. 46(uu).

Forced sterilization of Indigenous women in Canada demonstrates the need for greater governmental attention.

Forced sterilization of Indigenous women in Canada, previously authorized by official policy, continues to this day as an unlawful, but tacitly permitted, practice. Women belonging to diverse Indigenous communities in Canada have been subjected to forced sterilization in the country's public health care system, typically after being admitted to public hospitals to give birth.

The full extent of this practice has not been documented, although dozens of women have voluntarily come forward since 2015. Some of their stories have been publicized in news media reports. The one known governmental review of recent allegations, conducted at the local level in the province of Saskatchewan, revealed "pervasive structural discrimination and racism" and a failure to respect the principle of informed consent in the public health care system. Recent victims of this practice have also come forward in other regions and provinces, including Ontario, Alberta, and Manitoba.

However, authorities have not taken steps to understand the full scale of this pattern of violations, and have failed to investigate, punish, or provide redress for known instances of forced sterilization. In Saskatchewan, the publicly-run health region has offered an apology but has not undertaken the reforms necessary to understand how many women have been affected nor to ensure that more women do not suffer the same violation. At the federal level, while Canada has responsibility for Indigenous healthcare, but has taken no action to review or investigate, to prevent this practice from continuing, to protect known victims, or to provide reparations.

Gaps in protection are clear in the training of healthcare professionals, public hospitals' policies and practices with regard to informed consent, the oversight of healthcare facilities and practitioners, the collection of relevant data, statute-of-

limitations restrictions on victims' ability to pursue civil liability, and the failure to criminalize forced sterilization. The lack of protection is perhaps most obvious in the fact that no person has been held civilly or criminally liable for performing a forced sterilization on an Indigenous woman and that no victim has been compensated.

Recommendations

In view of the pervasive and persistent occurrence of forced sterilization, we recommend governments:

- Codify the duty to obtain informed consent to medical procedures;
- Investigate reported instances of forced sterilization with a view to the prosecution and punishment of those responsible and prevention of this practice in future;
- Provide reparations to identified victims, including monetary compensation, mental health treatment, and healthcare services necessary to allow them to become pregnant and carry a child, if so desired;
- Provide or otherwise require training for health professionals on cultural competency and informed consent and screen health professionals for discriminatory biases;
- Criminalize forced sterilization;
- Explicitly exempt forced sterilization from short statutes of limitations on civil claims;
- Ensure that healthcare authorities and medical professional licensing entities receive, investigate, and appropriately address reports of failure to ensure informed consent to medical procedures;
- Issue guidance to healthcare providers regarding sterilization procedures, including that such procedures are never urgent in nature, that consent for such procedures must never be sought while a woman is in labour or delivery or immediately postpartum, and that the risks, side effects, and permanency of tubal ligation must be clearly communicated and understood;
- Ensure broad access to information, such as through brochures, on reproductive and sexual health and rights for patients, and specifically on sterilization procedures; and,
- Collect and make publicly available data on sterilization, including data disaggregated by patients' race or ethnicity.

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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century"

Statement submitted by Sveriges Kvinnolobby, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

To achieve gender equality and the realization of women's and girls' full human rights on national, global and on local level a gender equality perspective needs to be systematically mainstreamed in all social protection systems and public services. This requires the establishment of national machineries that can design, execute and monitor policies that promote the advancement of women in all areas. Sex disaggregated goals, indicators and data that is constantly reviewed and taken into account by the highest level of decision-making at all levels is a prerequisite.

Gender equality mainstreaming is a strategy that requires specific gender equality goals, sex disaggregated data, targeted resources, reorganization and improvement of organizational structures including agents with specific gender equality promoting roles and objectives. Therefore, to achieve gender equality, knowledge and objectives at the highest possible level of decision making is essential.

Economic independence for women is one of the most important factors for women to be liberated to take command over their own lives, be free from men's violence and gain equal power in the society. Stereotypical gender roles that define men as the main breadwinner and women as solely the care takers are still dominating around the world and are in some senses also being reinforced. Women's wages and incomes are still lower than men's, this leads to lower pensions and poverty for many women. The rate, if even at all, by which the pay and pension gaps are currently closing at is far too slow. In order to change this, proactive institutional changes that specifically promote gender equality has to be put in place. Such as the right to paid full time jobs, individual and non-transferable parental leave and increasing wages in the public sector.

Migrant women have a higher threshold to enter the labour market, are less likely to be economically independent and less likely to be integrated into society than migrant men. The main reason is that segmented gender roles keep women in isolating domestic spheres which hamper the integration into society and the labour market. Gender equality promoting institutional settings and earmarked labour market initiatives for migrant women are crucial to break this pattern.

A strong welfare state. A welfare state governed with clear objectives to achieve gender equality is an effective tool to redirect the unequal distribution of resources and power more gender equally. Care and health facilities, such as childcare, elderly care and care for people with disabilities need to be publicly financed, of good quality and accessible to all women and girls everywhere. Accessibility, affordability and quality need to be broken down in quantifiable indicators and include subheading objectives such as a minimum of personal, a maximum of distance, a minimum of time etc.

To end men's violence against women the institutions must have a promoting approach to abolish prostitution and make sure women in prostitution get the support needed to re-enter the labour market and society. Simultaneously the law enforcement has to reorganize their work and focus recourses on combating pornography and prostitution industry, sex trafficking, pimps and organized criminality in relation to the sex industry.

The Agenda 2030 often recognizes special needs of, and targeted actions for women and girls but in order to achieve the goals women and girls need to be agents and subjects in the planning, implementation and monitoring of the goals on all levels of the society.

Recourses to the women's movement and the shelter movement. A strong gender equality infrastructure and gender equality mainstreaming needs the knowledgeable

support of, and to be monitored by, a strong and independent women's movement and a shelter movement at all levels of society. Supplemented with practical instruments for the women's movement to monitor and hold decision making accountable.

We urge the UN member states to:

- Ensure the implementation of gender equality mainstreaming and gender budgeting in the preparation, design, implementation, monitoring and evaluation of all social protection policies at national, regional and local levels;
- Ensure a robust and adequately funded comprehensive social security system that identifies gender equality goals, instruments and monitoring machinery
- Introduce individual and non-transferable parental leave, to promote that care responsibilities are divided equally between the parents, reinforced by ensuring supplementary social infrastructure, incentive frameworks and inducing tax-systems;
- Ensure gender equal pay and gender equal pensions by: increasing wages in the public sector, establish an ombudsman to investigate gender discrimination, introduce the right to full time work and put in place education and training policies with the intention of breaking the gender segregation of the labour market;
- Invest in and develop high quality, affordable, accessible and publicly financed care services across the life-cycle such as care of children, elderly persons and persons with disabilities;
- Ensure women's and girl's health by implementing sex disaggregated measurable quality objectives for the healthcare system that are systematically monitored and followed up. Target resources to develop the science of, and the institutions for, women's health in general and reproductive and sexual health in particular, such as obstetrics for ALL women and girls;
- Establish a framework to lower the threshold for migrant women to enter the labour market and access to language training. Introduce earmarked labour market initiatives for migrant women and introduce gender equality modules in the introductions and language courses in integration programs;
- Establish an old age pension system that universally finances a secure old age and reinforces the participation of women in the labour market;
- Ensure a coherent and integrated infrastructure that includes legal framework, law enforcement and support systems and institutions that work to eliminate violence against women and simultaneously protect and support women that have been subject to men's violence, this includes prostitution, pornography and surrogacy. Ensure social infrastructure on exit-programs for women in prostitution and put in a framework of a minimum of police officers, investigators other prosecutors to combat sex trafficking, pimps and organized criminality in relation to the sex industry;
- Develop coherent and integrated framework into existing social infrastructure to support victims of sexual violence and victims of men's violence against women including violence in the name of honour as arranged or forced marriages, child marriages and female genital mutilation;
- Women's and girls' security and access to public spaces, including public transport and outdoor spaces must be guaranteed according to the agenda 2030 goals, to ensure this, we also urge that women and girls should be a part of the planning and mapping of public spaces and infrastructure;

- Provide predictable and earmarked resources for the women's movement on national, regional, local levels and subject-specific organizations.

About Sveriges Kvinnolobby (Swedish Women's Lobby):

The Swedish Women's Lobby (SWL) is a politically and religiously independent umbrella organization for women's organizations in Sweden. We work to fulfill women's full human rights and towards a gender equal society within Sweden, the European Union and internationally. The Swedish Women's Lobby is based on feminist grounds and gather 45 member organizations. The foundations of our activities are CEDAW and the Beijing Platform for Action.